

Santa Ynez River Water Conservation District, Improvement District #1
3622 Sagunto Street - P.O. Box 157
Santa Ynez, Ca. 93460
Phone: (805) 688-6015
Fax: (805) 688-3078



PUBLIC RECORDS ACT REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely with as much detail as possible and identify specifically the records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used or retained by the Santa Ynez River Water Conservation District, Improvement District #1(District).

Please note that if you are requesting the opportunity to inspect records stored at the District office, time must be given to the District to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. You will, therefore, be requested to make an appointment to return at a later date to view the documents.

You will be charged \$.25/copy for duplication for any documents. **Documents will NOT be copied until payment has been received.**

REQUESTER INFORMATION

Date: _____

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Preferred method of contact in the event of questions: _____

REQUESTED RECORDS

Time period covering documents requested: _____

I wish to inspect the requested records, where applicable, and do not want copies produced at this time.

I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

Signature of Requester

Date